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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY MN	SHEETS DRAWINGS 11	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials			

ADDRESS

MEDTRONIC, INC.
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 MINNEAPOLIS, MN 55432-9924
 UNITED STATES

TITLE

Data exchange web services for medical device systems

FILING FEE RECEIVED 1208	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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